

TO:

FROM: Division of Developmental Disabilities (DDD)

SUBJECT: Application Procedure

This is the application packet you requested which includes:

1. Request for DDD Eligibility Determination
2. Consent Form
3. Notice of Privacy Practices for Client Confidential Information
4. Who, What, Where, When, How?
5. Estate Recovery Fact Sheet.
6. Table of: Eligible Conditions Specific to Age and Evidence Required to Determine Disability
7. Additional forms as required: Voters Registration, Early Childhood Information.

Please complete, sign and/or return the following “List of Required Attachments:”

- Signed Application with all parts completed.
 - Copies of any medical, or psychological assessments that indicate the Applicant's disability.
 - Signed *Consent to Exchange Confidential Information* – be certain to include addresses and telephone numbers for all providers.
 - Photocopy proof of Applicant's Residency in Washington State (utility bill, voter registration, etc.). If the Applicant is a child, proof of custodial parent's residency.
 - Signed HIPPA form (*Notice of Privacy Practices*).
 - Copy of Social Security card or documentation of SSN, if one exists.
 - Copy of Court Ordered Parenting Plan (if applicable).
 - Copy of Guardianship papers (if applicable).
 - Copy of Birth Certificate or Legal Adoption papers.
- If you need DDD to send for documentation and evidence, you must return a signed and completed Consent form.

You will find additional information online at <http://www1.dshs.wa.gov/ddd/index/shtml>.

Call one of the toll free numbers listed in the directions of form 14-151 if you have questions about completing the application or need special assistance.